|     | Page 4 - 2007 Social Security Number:   |  |   |
|-----|---|--|---|
|     | dule II - Montana Subtractions from Federal Adjusted Gross Income r on the corresponding line your subtractions from federal adjusted gross income. | Column A (for<br>single, joint,<br>separate, or head | Column B (for spouse when filing separately using |
|     | File Schedule II with your Montana Form 2.  | of household)  | filing status 3a)                                 |
| 1.  | Exempt interest and dividends from federal bonds, notes, and obligations 1.   |  |   |
| 2.  | Exempt tribal income. Attach Montana Form IND   |  |   |
| 3.  | Exempt unemployment compensation  |  |   |
| 4.  | Exempt workers' compensation benefits4.   |  |   |
| 5.  | Exempt capital gains and dividends from small business investment companies   |  |   |
| 6.  | State income tax refunds included in Montana Form 2, line 106.  |  |   |
| 7.  | Recoveries of amounts deducted in earlier years that did not reduce Montana income  |  |   |
| 8.  | Exempt military salary of residents on active duty8.  |  |   |
| 9.  | Exempt income of nonresident military servicepersons and spouses9.  |  |   |
| 10. | Exempt life-insurance premiums reimbursement for National Guard and Reservist   |  |   |
| 11. | Partial pension and annuity income exemption. Report Tier II Railroad Retirement on line 23 below   |  |   |
| 12. | Partial interest exemption from taxpayers 65 and older  |  |   |
| 13. | Partial retirement disability income exemption for taxpayers under age 65 13.   |  |   |
| 14. | Exemption for certain taxed tips and gratuities14.  |  |   |
| 15. | Exemption for certain income of child taxed to parent   |  |   |
| 16. | Exemption for certain health insurance premiums taxed to employee16.  |  |   |
| 17. | Exemption for student loan repayments taxed to health care professional 17.   |  |   |
| 18. | Exempt medical care savings account deposits and earnings   |  |   |
| 19. | Exempt first-time home buyer savings account deposits and earnings19.   |  |   |
| 20. | Exempt family education savings account deposits and earnings20.  |  |   |
| 21. | Exempt farm and ranch risk management account deposits  |  |   |
| 22. | Subtraction to federal taxable social security/Tier I Railroad Retirement reported on Form 2, line 20b  |  |   |
| 23. | Subtraction for federal taxable Tier II Railroad Retirement benefits reported on Form 2, line 16b   |  |   |
| 24. | Passive loss carryover exclusion  |  |   |
| 25. | Capital loss adjustment   |  |   |
| 26. | Subtraction of sole proprietor for allocation of compensation to spouse 26.   |  |   |
| 27. | Montana net operating loss carryover from Montana Form NOL, Schedule B27.   |  |   |
| 28. | 40% capital gain exclusion for pre-1987 installment sales   |  |   |
| 29. | Subtraction for business related expenses for purchasing recycled material 29.  |  |   |
| 30. | Subtraction for sales of land to beginning farmers30.   |  |   |
| 31. | Subtraction for larger federal estate and trust taxable distribution31.   |  |   |
| 32. | Subtraction for wage deduction reduced by federal targeted jobs credit32.   |  |   |
| 33. | Subtraction for certain gains recognized by liquidating corporation33.  |  |   |
| 34. | Other subtractions. Specify:34.   |  |   |
| 35. | Add lines 1 through 34, enter total here and on Form 2, line 39. <b>This is your total Montana subtractions from federal adjusted gross income.</b> |  |   |